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Bib Data Sheet

CONFIRMATION NO. 9628

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/533,709 | <b>FILING OR 371(c)<br/>DATE</b><br>05/03/2005<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3736 | <b>ATTORNEY<br/>DOCKET NO.</b><br>MANSOURI, S. - 1<br>PCT |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Said Mansouri, Aachen, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/DE05/00178 02/03/2005  
 which claims benefit of 60/541,811 02/04/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 10 2004 005 383.9 02/03/2004  
 GERMANY 10 2004 023 235.0 05/07/2004

**\*\* SMALL ENTITY \*\***

|   |  |                                |                               |                                    |
|---|--|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>GERMANY | <b>SHEETS<br/>DRAWING</b><br>1 | <b>TOTAL<br/>CLAIMS</b><br>22 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |  |                                |                               |                                    |
| Verified and<br>Acknowledged  | Examiner's Signature                   | Initials                       |                               |                                    |

**ADDRESS**

25889

**TITLE**

Anesthetic syringe

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>500 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
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